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CONFIRMATION NO. 3578

SERIAL NUMBER 09/838,618	FILING DATE 04/19/2001 RULE	CLASS 604	GROUP ART UNIT 3754	ATTORNEY DOCKET NO. 10123/01101						
APPLICANTS Brett T. Haarala, Framingham, MA; Arthur Driscoll, Somerville, MA; ** CONTINUING DATA ***** <i>none EK 6 SEP 2005</i> ** FOREIGN APPLICATIONS ***** <i>none EK 6 SEP 2005</i> IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/13/2001										
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>EK</i> Examiner's Signature Initials		STATE OR COUNTRY MA	SHEETS DRAWING 19	TOTAL CLAIMS 60	INDEPENDENT CLAIMS 9					
ADDRESS Fay Kaplun & Marcia, LLP 150 Broadway Suite 702 New York, NY 10038										
TITLE Catheter slit valves										
FILING FEE RECEIVED 2360	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: <table border="1"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees (Issue)</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Credit</td> </tr> </table>				<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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